

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REVOCA</b> <b>TION OF POWER OF</b> <b>ATTORNEY WITH</b> <b>NEW POWER OF ATTORNEY</b> <b>AND</b> <b>CHANGE OF CORRESPONDENCE ADDRESS</b>	<b>Application Number</b> 10/811839 <b>Filing Date</b> 30-Mar-2004 <b>First Named Inventor</b> Theoharis C. THEOHARIDES <b>Art Unit</b> <b>Examiner Name</b> <b>Attorney Docket Number</b> 2003133.125US11
---	---

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint the practitioners associated with the Customer Number: 23483 Please change the correspondence address for the above-identified application to: The address associated with  
Customer Number: 23483

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City			
Country	State	Zip	
Telephone	Email		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Theoharis C. THEOHARIDES		
Date	9/1/08	Telephone	617-232-1332/1337

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 \*Total of 1 forms are submitted.